

PLAN FEATURES		IN-NETWORK 1,500 HIGH DEDUCTIBLE PLAN	
PER CALENDAR YEAR		AETNA	ANTHEM
SEE SUMMARY OF BENEFITS FOR DETAILS			NOTE: SOME AMOUNTS COULD CHANGE BASED ON FINAL PLAN DOCUMENT
ANNUAL DEDUCTIBLE		\$1,500/\$3,000	\$1,500/\$3,000
CO-INSURANCE		20%	20%
ANNUAL OUT OF POCKET MAXIMUM		\$3,000/\$6,000	\$3,000/\$6,000
REFERRAL REQUIREMENT		NONE	NONE
PRESCRIPTION DRUG ANNUAL OUT OF POCKET	INDIVIDUAL FAMILY	\$4,000 \$8,000	ANTHEM'S MEDICAL MAX APPLIES
PREVENTIVE CARE			
ROUTINE ADULT PHYSICAL EXAM/IMMUNIZATIONS		COVERED 100% 1 PER YEAR DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
ROUTINE WELL CHILD EXAM/IMMUNIZATIONS		COVERED 100% # VARIES DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
ROUTINE GYNO EXAMS		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
ROUTINE MAMMOGRAMS		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
WOMEN'S HEALTH		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
ROUTINE DIGITAL RECTAL EXAM		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
PROSTATE-SPECIFIC ANTIGEN TEST		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
COLORECTAL CANCER		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
ROUTINE EYE EXAMS		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% CHILDREN'S EYE EXAMS
ROUTINE HEARING SCREENING		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
PHYSICIAN SERVICES			
OFFICE VISITS - NON SPECIALIST		\$20 COPAY DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
SPECIALIST OFFICE VISIT		\$40 COPAY DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
HEARING EXAMS		NOT COVERED	20% AFTER DEDUCTIBLE
PRE-NATAL MATERNITY		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED
WALK-IN CLINICS		\$20 COPAY DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
ALLERGY TESTING		BASED ON SERVICE	20% AFTER DEDUCTIBLE
ALLERGY INJECTIONS		COVERED 100% DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
DIAGNOSTIC PROCEDURES			
DIAGNOSTIC X-RAY		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
DIAGNOSTIC LABORATORY		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
DIAGNOSTIC COMPLEX IMAGING		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
EMERGENCY MEDICAL CARE			
URGENT CARE PROVIDER		\$50 COPAY DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE

EMERGENCY ROOM	\$100 COPAY	20% AFTER DEDUCTIBLE
	WAIVED IF ADMITTED	
EMERGENCY USE OF AMBULANCE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
HOSPITAL CARE		
INPATIENT COVERAGE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
INPATIENT MATERNITY COVERAGE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT HOSPITAL EXPENSES	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY - HOSPITAL	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY-FREESTANDING FACILITY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
MENTAL HEALTH SERVICES		
INPATIENT	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
MENTAL HEALTH OFFICE VISITIS	\$20 COPAY DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
OTHER MENTAL HEALTH SERVICES	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
SUBSTANCE ABUSE		
INPATIENT	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
RESIDENTIAL TREATMENT FACILITY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
SUBSTANCE ABUSE OFFICE SERVICES	\$20 COPAY DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
OTHER SUBSTANCE ABUSE SERVICES	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OTHER SERVICES		
SKILLED NURSING FACILITY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
HOME HEALTH CARE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
HOSPICE CARE-INPATIENT	COVERED 100% DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
HOSPICE CARE-OUTPATIENT	COVERED 100% DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
PRIVATE DUTY NURSING	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
SPINAL MANIPULATION THERAPY	\$40 COPAY DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE
OUTPATIENT REHABILITATIVE SPEECH THERAPY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT REHABILITATIVE PHYSICAL THERAPY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE

OUTPATIENT REHABILITATIVE OCCUPATIONAL THERAPY		20% AFTER DEDUCTIBLE		20% AFTER DEDUCTIBLE
DURABLE MEDICAL EQUIPMENT		20% AFTER DEDUCTIBLE		20% AFTER DEDUCTIBLE
DIABETIC SUPPLIES		COVERED SAME AS ANY OTHER MEDICAL EXPENSE		COVERED SAME AS ANY OTHER MEDICAL EXPENSE
AFFORDABLE CARE ACT MANDATED WOMEN'S CONTRACEPTIVES		COVERED 100% DEDUCTIBLE WAIVED		20% AFTER DEDUCTIBLE
WOMEN'S CONTRACEPTIVE DRUGS AND DEVICES NOT OBTAINABLE AT A PHARMACY		COVERED 100% DEDUCTIBLE WAIVED		20% AFTER DEDUCTIBLE
INFUSION THERAPY		20% AFTER DEDUCTIBLE		20% AFTER DEDUCTIBLE
TRANSPLANTS		COVERED 100%		20% AFTER DEDUCTIBLE
BIATRIC SURGERY		NOT COVERED		N/A
PHARMACY				
GENERIC DRUGS	RETAIL	\$10		20% AFTER DEDUCTIBLE
	MAIL	\$20		20% AFTER DEDUCTIBLE
PREFERRED BRAND-NAME DRUGS	RETAIL	\$30		20% AFTER DEDUCTIBLE
	MAIL	\$60		20% AFTER DEDUCTIBLE
NON-PREFERRED BRAND-NAME DRUGS	RETAIL	\$60		20% AFTER DEDUCTIBLE
	MAIL	\$120		20% AFTER DEDUCTIBLE
STANDARD SPECIALTY DRUGS				
		25%		SEE CVSHEALTH.COM
PREFERRED BRAND SPECIALTY		MAX \$350		COUNTY HAS A DISCOUNT PROGRAM
NON-PREFERRED BRAND SPECIALTY		25%		SEE CVSHEALTH.COM
		MAX \$350		COUNTY HAS A DISCOUNT PROGRAM